

**U.S. Department of Labor**

Office of Administrative Law Judges  
John W. McCormack Post Office and Courthouse  
Room 505  
Boston, MA 02109



Case Caption and OALJ No.: \_\_\_\_\_

**PRETRIAL STATEMENT of:**

Director, OWCP \_\_\_\_\_

Claimant \_\_\_\_\_

Respondent \_\_\_\_\_

- [illegible]

5. Are nature and extent of disability disputed? Yes No
6. Is Claimant now working? No Yes in his usual employment started on \_\_\_\_\_  
in alternate employment started on \_\_\_\_\_
7. You contend or concede that claimant is now able to do:  
his regular pre-injury work without loss of earnings; alternative work; no work.
8. You contend or concede that the alleged injury or disease is unscheduled;  
is a scheduled injury which caused a \_\_\_\_\_% loss/loss of use of \_\_\_\_\_  
the injury caused disability which was/is:  
permanent total from \_\_\_\_\_ to \_\_\_\_\_  
temporary total from \_\_\_\_\_ to \_\_\_\_\_  
permanent partial from \_\_\_\_\_ to \_\_\_\_\_  
temporary partial from \_\_\_\_\_ to \_\_\_\_\_
9. You contend or concede that Claimant's average weekly wage when injured was \$ \_\_\_\_\_  
under §10 subsection \_\_\_\_\_, and that his retained weekly earning capacity is: zero; or \$ \_\_\_\_\_ based  
on his current earnings; labor market survey(s); or other facts
10. Is Special Fund relief sought? No; Yes  
If Yes, is the Director conceding entitlement; asserting absolute bar; or denying entitlement on the grounds of  
no pre-existing disability; disability not manifest to employer; contribution requirement not met
11. Set forth below or on separate page(s) other contentions, issues or ultimate facts which you will present at trial (e.g. last responsible employer; §33(g); collateral estoppel; credits; etc.), and succinctly brief any novel legal questions.
12. Witnesses you intend to have testify at the hearing.
13. Estimated total trial time: \_\_\_\_\_ days \_\_\_\_\_ hours

DATE: \_\_\_\_\_ /s/ \_\_\_\_\_

\_\_\_\_\_  
Printed Name Counsel For \_\_\_\_\_